510(k) Summary of Safety and Effectiveness

Manufacture Name:	facture Name: Excelsior Medical Corporation			
Contact Name: John Linfante				
Title	VP Regulatory and Quality Assurance			
Postal Address:	1933 Heck Avenue			
	Neptune, NJ 07753			
Phone Number:	732-643-6088			
Fax:	732-776-7600			
Date:	February 12, 2009			
Device Proprietary Names:	SwabCap			
Device Common or Usual Name:	Alcohol pad			
Classification Name:	Pad, Alcohol, Device Disinfectant			
Classification Code	LKB			
Classification Panel	General Hospital			
Regulation Number	N/A			

Predicate Device:

Substantial equivalence is claimed to the following devices as related to intended use and design characteristics:

- Effectiv[™] Cap, Hospira, Inc., K080579
- Curos[™] Port Protector, Ivera Medical, K080466
- Alcohol Prep Pad, Professional Disposables Inc. 510(k) Number: Unknown

Description of the Device

The SwabCap[™] is designed to securely fit on swab-able luer access valves. The cap contains 70% isopropyl alcohol. The product is intended for single-use and is provided sterile, latex free, preservative free and DEHP free.

Intended Use of the Device

SwabCap[™] is intended for use on swab-able luer access valves as a disinfecting cleaner prior to line access and to act as a physical barrier to contamination between line accesses.

SwabCap[™] will disinfect the valve five (5) minutes after application and act as a physical barrier to contamination for up to ninety-six (96) hours under normal conditions if not removed.

Substantial Equivalence

The SwabCapTM is similar to the predicate devices based on the intended use, design, technology, antimicrobial agent and performance.

Conclusion

Based on the information provided in this 510(k) premarket notification, the SwabCapTM is substantially equivalent in terms of safety and effectiveness to the predicate devices identified above.

Section J - Substantial Equivalence

Table J-1 compares the SwabCap TM to the predicate devices.

	Table J-1: Com	parison to Predicat	tes for SwabCap [™]	
510(k) Number	K083508	K080579	K080466	Unknown
Device Name	SwabCap [™]	Effectiv [™] Cap	Curos [™] Port	Alcohol Prep
			Protector	Pad
Manufacturer	Excelsior	Hospira, Inc.	Ivera Medical	Professional
	Medical Corp.		Corporation	Disposables Inc.
Intended Use	SwabCap [™] is	The Effectiv [™]	The Curos [™] Port	For topical
	intended for use	Cap is a device	Protector is a	cleansing prior
	on swab-able	containing 70%	device	to injections or
	luer access	IPA. When left	containing 70%	venipuncture.
	valves as a	in place for 5 to	Isopropyl	Each soft pad is
	disinfecting	10 minutes the	alcohol. When	saturated with
	cleaner prior to	cap	left in	70% isopropyl
	line access and	decontaminates	place for 5 to 15	alcohol.
	to act as a	the injection	minutes the	
	physical barrier	port; thereafter	Curos [™] Port	For professional
	to contamination	the cap provides	Protector	and hospital use.
	between line	a physical barrier	decontaminates	
	accesses.	during intended	the injection	
	TM	use.	port; thereafter	
	SwabCap [™] will		the Curos [™] Port	
	disinfect the	For use with	Protector	
	valve five (5)	standard	provides a	
	minutes after	needleless ports.	physical barrier	
	application and		during the	
	act as a physical		intended use.	
	barrier to			
	contamination		•	
	for up to ninety-			
	six (96) hours			
	under normal			
	conditions if not			
	removed.			
A ddising = 1	DEUD Latar	DEHP and Latex	unknown	unknown
Additional	DEHP, Latex and Preservative	Free	ulikilowii	unknown
Claims	Free	1.166		
Antimicrobial	70% Isopropyl	70% Isopropyl	70% Isopropyl	70% Isopropyl
Agent	Alcohol	Alcohol	Alcohol	Alcohol
Sterilization	Gamma	Unknown	Non-sterile	Gamma
Stermzanon	Irradiated	Chanown	Tion storie	irradiated
Packaging	Individually	Individually	Individually	Individually
i ackaging	wrapped with	wrapped with	wrapped.	packaged in
	peel off foil lid.	peel off foil lid.	appos.	packets.
	peer ou fou fid.	L poor our rour nu.		Packeto.

SwabCap™

Discussion:

The SwabCap[™] device is similar to the predicate devices in terms of intended use, design and material characteristics.

Conclusion:

It is concluded that the SwabCap[™] device is substantially equivalent to the predicate devices.



Food and Drug Administration 9200 Corporate Boulevard Rockville MD 20850

APR 2 8 2009

Excelsior Medical Corporation
C/o Ms. Roshana Ahmed
Regulatory Affairs Manager, Devices
CanReg, Incorporated
4 Innovation Drive
Dundas, Ontario
CANADA L2H 7P3

Re: K083508

Trade/Device Name: SwabCapTM
Regulation Name: Alcohol Pad
Regulatory Class: UNCLASSIFIED

Product Code: LKB Dated: April 17, 2009 Received: April 21, 2009

Dear Ms. Ahmed:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the <u>Federal Register</u>.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements

and listing (21 CFR Part 807); labeling (21 CFR Part 801); medical device reporting (reporting of medical device-related adverse events) (21 CFR 803); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please contact the Center for Devices and Radiological Health's (CDRH's) Office of Compliance at (240) 276-0115. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR Part 807.97). For questions regarding the reporting of adverse events under the MDR regulation (21 CFR Part 803), please contact the CDRH/Office of Surveillance and Biometrics/Division of Postmarket Surveillance at 240-276-3464. For more information regarding the reporting of adverse events, please go to http://www.fda.gov/cdrh/mdr/.

You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (240) 276-3150 or at its Internet address http://www.fda.gov/cdrh/industry/support/index.html.

Sincerely yours,

Chritton O. Or de for Susan Runner, D.D.S., MA

Acting Director

Division of Anesthesiology, General Hospital, Infection Control and Dental Devices Office of Device Evaluation

Center for Devices and Radiological Health

Enclosure

SwabCap™

Indications for Use

510(k) Number:

K083508

Device Name:

SwabCap™

Indication for Use:

SwabCap[™] is intended for use on swab-able luer access valves as a disinfecting cleaner prior to line access and to act as a physical

barrier to contamination between line accesses.

SwabCap[™] will disinfect the valve five (5) minutes after

application and act as a physical barrier to contamination for up to ninety-six (96) hours under normal conditions if not removed.

Prescription Use X (21 CFR Part 801 Subpart D)

And/Or

Over the Counter Use ____. (21 CFR Part 801 Subpart C)

(PLEASE DO NOT WRITE BELOW THIS LINE; CONTINUE ON ANOTHER PAGE IF NEEDED)

Concurrence of CDRH, Office of Device Evaluation (ODE)

Division Sign-Off
Office of Device Evaluation

510(k)

(Division Sign-Off)

Division of Anesthesiology, General Hospital

Infection Control, Dental Devices

510(k) Number: とのおろうころ